



TOWN OF STERLING

Office of the Town Clerk
 1 Park Street
 Sterling, MA 01564
 tel. 978-422-8111 x2307
 fax. 978-422-0289
 www.sterling-ma.gov/town-clerk

OFFICE HOURS
 Mon - Thu: 7:30 - 5:00
 Fri: 7:30 - 11:30

DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
April 15, 2022

LICENSING FEES	
Non-altered	\$12.00
Altered (spayed or neutered)	\$8.00
Senior (70+) or Service	\$0.00
Late Penalty after DUE DATE	\$25.00
Late Citation, MGL 140 s141 ..	\$50.00 or more

If you own a dog, it is time to register or renew your annual dog license.
 If you no longer own your dog, please notify the Town Clerk's Office.

BY MAIL or DROP OFF

Complete the application form below, verifying owner information, street address, and pet description(s). Include rabies certificate(s) and a check or money order for the total payable to **Town of Sterling**. Do not send cash. Mail to the Town Clerk or drop off 24/7 at the grey box outside the Butterick Municipal Building at 1 Park Street.

IN PERSON

Come to the Office of the Town Clerk during office hours. Please bring rabies certificate and the completed application with you.

ON-LINE

Purchase or renew licenses online at **www.doglicenses.us/MA/Sterling**. Credit card payments only. Per license convenience fee applies. Rabies certificate(s) can be attached to the order during check-out. The on-line option is not yet available for Senior residents over seventy who qualify for a free license. These must be applied for in person or by mail.

Licenses are renewable yearly. Licenses are valid January 1 thru December 31. **No license can be issued for a dog not having a current rabies vaccination.** If you have any questions, please contact **Animal Control at 978-422-7331 or AnimalControl@sterling-ma.gov**.

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color

APPLICATION for the registration of dog(s) for the year 2022

Town of Sterling
 1 Park Street; Sterling, MA 01564

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Microchip Number	Rabies Expire (m/d/y)	Fee
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	TRI						
Total																		

Owner Information

Name: _____
 Street Address: _____
 Mailing Address: _____
if different (e.g. PO Box)
 City: _____ State: _____ ZipCode: _____

Signature of Applicant _____
 Date Signed _____
 Phone 1 _____ Phone 2 _____
 Email _____